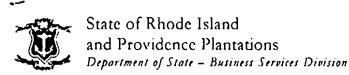
RI SOS Filing Number: 201751127390 Date: 10/6/2017 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • Filing Fee: \$50.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

The principal office address of Limited Liability Company and Name OR Title OF Contact Persons Mailing address of Limited Liability Company and Name OR Title Of Contact Persons Contact Title Manager Manager Manager Name And Address Fill in Spaces before using attachments Joseph F. Ducharme Manager Name Joseph F. Ducharme Manager Name Joseph F. Ducharme Manager Name Joseph F. Ducharme King W. To Street Address 78 Baker Street All 02905 Street Address 78 Baker Street All 02905 Street Address 78 Baker Street All 02905 Providence RI 02905 RI 02905 Street Address Street Address Street Address Street Address All 02905 Providence RI 02905 RI 02905 RI 02905 RI 02905 RI 02905 RI 02905 RESIDENT AGENT IN RHODE ISLAND	1D No. 000556690	2. Exact name of the li- JKW Holdings,	LLC		531120		
Resident Agent in Rhode is Land	•		•			•	
Contact Name Contact Title Manager	6. Principal office address 78 Baker Street			1 ,			
Providence RI 02905	Contact Name		ILITY COMPANY AND	Contact Title	T PERSON:		
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Joseph F. Ducharme King W. To Street Address 78 Baker Street 78 Baker Street City Providence RI O2905 Manager Name Manager Name Street Address Street Address Street Address Gity State Street Address	Street Address 78 Baker Stre	et		1 -			
Providence RI 02905 Providence RI 02905 Manager Name Street Address Street Address City State Zip City State Zip City State Zip RESIDENT AGENT IN RHODE ISLAND	Manager Name Joseph F. Ducharme Street Address			Manager Name King W. To Street Address			
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RESIDENT AGENT IN RHODE ISLAND	treet Address			Street Address			
	ity	State	Zip	City	State	Zip	
is information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini L					. — - I — — — — — — — — — — — — — — — — —		
	iis information is c	turrently of record in the Of	Tice of the Secretary of Sta	ate. Changes require filing of Fort	n 642 – R.I.G.L. 7-	16-11Orson and Brusini L	
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Joseph F. Ducharme, Manager